

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018699

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 827

FILED JUN 4 1962

1. PLACE OF DEATH

a. COUNTY Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SpringfieldLength of stay in 1b
55 years2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greenec. CITY OR TOWN SpringfieldInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Burge HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1613 WashingtonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

SARAH

Middle

GLADYS

Last

POOL

4. DATE OF DEATH

Month MayDay 22Year 19625. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Jan 23, 19049. AGE (last birthday)
58IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Sears-Roebuck11. BIRTHPLACE (City and state or country)
Keokuk, Iowa12. CITIZEN OF WHAT COUNTRY
U.S.A.13a. FATHER'S NAME
Ernest Nurss13b. MOTHER'S MAIDEN NAME
Annie Goon14. NAME OF HUSBAND OR WIFE
Marvin Pool15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT Address
Marvin E. Pool, Springfield, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusionINTERVAL BETWEEN
ONSET AND DEATH
2 wks.Conditions, if any,
which gave rise to
above cause (e),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
Diabetes MellitusPART III. If deceased was female was
there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to May 22, 1962 and last saw him alive on May 22, 1962
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
[Signature] M.D.22b. ADDRESS
Springfield, Mo.22c. DATE SIGNED
5-25-6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
May 25, 196223c. NAME OF CEMETERY OR CREMATORY
White Chapel23d. LOCATION (City, town, or county)
Springfield, Mo.

(State)

24. FUNERAL DIRECTOR
Jewell E. WindleADDRESS
Springfield, Mo.Jewell E. Windle, Springfield, Mo.25. DATE RECD. BY LOCAL REG.
5-28-6226. REGISTRAR'S SIGNATURE
Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Albert Dale Daniel, Student Embalmer No. 660

working under my personal supervision.

Student Dale Daniel
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 5-25-62